

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

86-62-019798

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 273

Primary Registration District No. 3051

Registrar's No. 86

FILED JUN 14 1962

VS 300
Rev. 4/59

10795
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY PERRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PERRYVILLE		c. CITY OR TOWN STE. GENEVIEVE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROWALD REST HOME		d. STREET ADDRESS (If outside, give location) 6TH STREET	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST JESSIE MARY LALUMANDIER		4. DATE OF DEATH Month Day Year JUNE 7, 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-27-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED GARMENT WORKER		10b. KIND OF BUSINESS OR INDUSTRY FACTORY	11. BIRTHPLACE (City and state or country) STE. GENEVIEVE, Mo.
13a. FATHER'S NAME JULES LALUMANDIER		13b. MOTHER'S MAIDEN NAME EMILY BELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT LLOYD LALUMANDIER, SIKESTON, MISSOURI		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion, Acute DUE TO (b) Coronary Artery Disease DUE TO (c) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 hour 3 yrs 7 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Bronchitis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from June 7, 1962 to June 7, 1962 and last saw her alive on June 7, 1962		Death occurred at 7:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE A. E. McDermott, M.D. (Degree or title)	22b. ADDRESS Perryville, Mo.		22c. DATE SIGNED June 8, 1962
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-9-1962	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) STE. GENEVIEVE, MISSOURI
24. FUNERAL DIRECTOR JEROME H. STANTON, STE. GENEVIEVE, Mo.		25. DATE RECD. BY LOCAL REG. 6-9-62	
26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

2961 6 T NHC

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James L. Sackett

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.